

		FOR BHF USE			

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Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000086</u></p> <p>Facility Name: <u>Dorchester Senior Center</u></p> <p>Address: <u>1515 East 154th Street</u> <u>Dolton</u> <u>60419</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 201-3381</u> Fax # ()</p> <p>Federal Employer ID Number: <u>36-600-5854</u></p> <p>Date Current Owners were Certified: <u>09/28/2007</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input checked="" type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input checked="" type="checkbox"/> Other <u>Village</u></td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input checked="" type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Other <u>Village</u>		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>5/1/2009</u> to <u>4/30/2010</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 231-1155</u></td> <td></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 231-1155</u>	
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<p>In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 236-1111</u> Email Address: <u>slavenda@frronline.com</u></p>	<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>																																									

Facility Name Dorchester Senior Center

Report Period Beginning: 5/1/2009 Ending: 4/30/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	126	Single Unit Apartment	126	45,990	1
2		Double Unit Apartment			2
3		Other			3
4	126	TOTALS	126	45,990	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	15,475	16,253		31,728	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,475	16,253		31,728	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.99%

D. Indicate the number of paid bed-hold days the SLF had during this year
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 4/30/2010 Fiscal Year: 4/30/2010

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Dorchester Senior Center

Report Period Beginning:

5/1/2009

Ending:

4/30/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	185,089		204,336	389,424	(21,086)	368,338	1
2	Housekeeping, Laundry and Maintenance	148,368	59,397	40,454	248,218		248,218	2
3	Heat and Other Utilities			87,910	87,910	(15,078)	72,832	3
4	Other (specify):							4
5	TOTAL General Services	333,456	59,397	332,700	725,553	(36,165)	689,388	5
B. Health Care and Programs								
6	Health Care/ Personal Care	424,458			424,458		424,458	6
7	Activities and Social Services	107,530			107,530		107,530	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	531,988			531,988		531,988	9
C. General Administration								
10	Administrative and Clerical	545,274	42,914	79,749	667,937	(43,614)	624,323	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			298,765	298,765		298,765	12
13	Insurance-Property, Liability and Malpractice			44,621	44,621		44,621	13
14	Other (specify):							14
15	TOTAL General Administration	545,274	42,914	423,135	1,011,323	(43,614)	967,709	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,410,718	102,311	755,835	2,268,864	(79,779)	2,189,085	16
Capital Expenses								
D. Ownership								
17	Depreciation			45,280	45,280	495,269	540,549	17
18	Interest					811,595	811,595	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			45,280	45,280	1,306,864	1,352,144	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,410,718	102,311	801,115	2,314,144	1,227,085	3,541,230	24

Facility Name: **Dorchester Senior Center**

Report Period Beginning: **5/1/2009** Ending: **4/30/2010**

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	15.06	\$ 13.55	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	3.43	15.09	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.46	9.41	7
8	Dishwashers			8
9	Maintenance Workers	7.54	9.46	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.51	22.33	13
14	Clerical	7.79	20.72	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	47.79	\$ 14.19	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name	City
1	2
N/A	

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
3	4	5
N/A		

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____ If yes, what is the value of those services? \$ _____

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Dorchester Senior Center

Report Period Beginning:

5/1/2009

Ending:

4/30/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				10,092,139			504,607	504,607	276,153	6
7	Various		1998		669,396		20			456,338	7
8	Various		1994		204,953		20	10,248	10,248	107,884	8
9	Various		1995		36,576		20	1,829	1,829	36,576	9
10	Various		1996		54,697		20	2,735	2,735	54,697	10
11	Various		1997		7,186		20	359	359	7,186	11
12	Various		1998		95,840		20	4,792	4,792	65,206	12
13	Various		1999		161,107		20	8,055	8,055	74,368	13
14	Various		2000		77,566		20	3,878	3,878	77,566	14
15	Various		2001		50,554		20	2,528	2,528	48,606	15
16						45,280			(45,280)		16
17	TOTAL (lines 1 thru 16)				\$ 11,450,014	\$		\$ 539,031	\$ 493,751	\$ 1,204,578	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 451,273	\$	\$ 1,518	1,518	10	\$ 443,971	18
19	Vehicles	47,290				5	47,290	19
20	TOTAL (lines 18 and 19)	\$ 498,563	\$	\$ 1,518	1,518		\$ 491,261	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: **Dorchester Senior Center**Report Period Beginning: **5/1/2009**

Ending:

4/30/2010**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **4/30/2010**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,253,958		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Due From Fitness Center	232,723		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,486,681	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	11,450,014		15
16	Equipment, at Historical Cost	498,563		16
17	Accumulated Depreciation (book methods)	(1,397,934)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,550,642	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,037,323	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,375,469	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,645		30
31	Accrued Taxes Payable	4,874		31
32	Accrued Interest Payable	17,959		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Customer Deposits	93,892		35
36	Due to Others	10,040,211		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 12,602,050	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,602,050	\$	45
46	TOTAL EQUITY	\$ (564,727)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,037,323	\$	47

*(See instructions.)

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2009

Ending:

4/30/2010

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,620,134	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,620,134	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	20,936	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 20,936	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Miscellaneous & Vending Income	36,498	15
16	Hall & Space Rental	118,725	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 155,223	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,796,293	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	725,553	19
20	Health Care/ Personal Care	531,988	20
21	General Administration	1,011,323	21
	B. Capital Expense		
22	Ownership	45,280	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,314,144	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (517,851)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (517,851)	31